

**USE OF PRIVATELY OWNED VEHICLE
CERTIFICATION FORM
EMPLOYEES AND VOLUNTEERS**

C E R T I F I C A T I O N

I, _____, hereby affirm that pursuant to the laws of the State of Ohio, I have an automobile insurance policy or other proof of financial responsibility as required in Sections 4509.45 and 4509.51 of the Ohio Revised Code.

A COPY OF THE REQUIRED PROOF MUST BE ATTACHED TO THIS FORM.

I further agree to report to my supervisor: (1) any traffic violations (except parking), (2) if my license is suspended, revoked or canceled, or (3) if my personal insurance is cancelled. I shall report as soon as possible after they occur and prior to driving any vehicle on behalf of the County.

I understand that by giving incorrect information or by omitting information I am falsifying my application and this affidavit, and therefore I may be subject to termination.

I understand that a driver's license check will be completed and evaluated against the county Driver Eligibility Guidelines point assessment and accumulation not less than on an annual basis or as determined necessary by the county, and that penalties may apply.

Driver's License Number _____
Expiration Date _____

Certification Statement

I state that the information contained on this form is complete and true to the best of my knowledge and belief, and that I have attached the required proof listed in paragraph 1 above.

Signature of Employee

Signature of Volunteer

Date

This form is not complete unless the Proof of Insurance or other proof of financial responsibility as required is attached.